2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 28, 2009
Secretary of State

DOCUMENT# L03000024307

Entity Name: GULFPOINT ANESTHESIA SERVICES, PL

Current Principal Place of Business:

206 2ND STREET EAST
BRADENTON, FL 34208

New Principal Place of Business:

Current Mailing Address:

206 2ND STREET EAST
BRADENTON, FL 34208

New Mailing Address:

FEI Number: 20-0079846 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WICKMAN & WYCKOFF, P.A.
4909 MANATEE AVE. W.
BRADENTON, FL 34209 US

Name and Address of New Registered Agent:

LEWIS, LONGMAN & WALKER, P.A.
1001 3RD AVE WEST
SUITE 670
BRADENTON, FL 34205 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: LORI DORMAN 01/28/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: WEINGARTEN, JONAS
Address: 206 2ND STREET EAST
City-St-Zip: BRADENTON, FL 34208

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JONAS WEINGARTEN DR. 01/28/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date